

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX MR.      FRANKLIN      E. GENE      PATRICK	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE 2305 CASTLEROCK      ARLINGTON, TX 76006	Date Received Date Hand-delivered or Date Postmarked Receipt #      Amount Date Processed Date Imaged	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (817)      644.1694	RECEIVED - C/OH 07 JUL 18 PM 12:15	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI NICKNAME      LAST      SUFFIX MR.      VICTOR VANDERGRIFF	Receipt #      Amount Date Processed Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS (Residence or business)</b>	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE 702 LOCH LOMAND      ARLINGTON, TX      76016	Receipt #      Amount Date Processed Date Imaged	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION (817)      557.1200	Receipt #      Amount Date Processed Date Imaged	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year 5 / 3 / 07      7 / 15 / 07		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year 5 / 12 / 07	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) ARL. CITY COUNCIL #8	<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name  Address / PO Box:      Apt. / Suite #:      City:      State:      Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME 16 ACCOUNT # (Ethics Commission Filers)

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

*\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\**

<p>COMMITTEE TYPE</p> <p><input checked="" type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> SPECIFIC</p> <p><input type="checkbox"/> additional pages</p>	<p>COMMITTEE NAME</p> <p style="text-align: center; font-size: 1.2em;">GENE PATRICK CAMPAIGN</p> <hr/> <p>COMMITTEE ADDRESS</p> <p style="text-align: center;">PO BOX 200420 ARLINGTON, TX 76006</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER NAME</p> <p style="text-align: center;">VICTOR JANDERGRUFF</p> <hr/> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>
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<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <span style="font-size: 1.5em;">ϕ</span>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3700.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <span style="font-size: 1.5em;">ϕ</span>
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,091.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,000.00

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

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Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

Page 1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>2</b>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/1/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DAN SERVA</b> 6 Contributor address: City: State: Zip Code <b>2705 MARQUIS DR.</b>	7 Amount of contribution (\$) <b>250.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
10 Employer (See Instructions)			
Date <b>4/17/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DAVID C. Wilson</b> Contributor address: City: State: Zip Code <b>2525 ME KINNON ST. DALLAS, TX 75201</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <b>5/9/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOHN C. MATHES</b> Contributor address: City: State: Zip Code <b>3540 W. UNIVERSITY BLVD. DALLAS, TX 75209</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <b>4/29/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>P.W. JAMES</b> Contributor address: City: State: Zip Code <b>PO BOX 121367 ARLINGTON, TX 76012</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			
Date <b>4/18/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>HAMMER &amp; NAILS CLUB</b> Contributor address: City: State: Zip Code <b>6464 BRENTWOOD STAIR RD. FT. WORTH, TX 76112</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T)	
Employer (See Instructions)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

Page 2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>APT. ASSN TARRANT Co.</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
<b>3/23/07</b>	6 Contributor address: City: State: Zip Code <b>6350 BAKER AVE. FT. WORTH, TX 76118</b>	<b>2500.00</b>	
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANIEL FULLER</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>5/4/07</b>	Contributor address: City: State: Zip Code <b>4205 BRYN MAWR DR. DALLAS, TX 75225</b>	<b>100.00</b>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MELINDA MATHES</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
<b>3/12/07</b>	Contributor address: City: State: Zip Code <b>25 HIGHLAND PARK VILLAGE DALLAS, TX 75205</b>	<b>300.00</b>	
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

PG 1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F <b>2</b>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5/01/07</b>	5 Payee name <b>T. KAYDE DESIGNS</b> ..... 6 Payee address; City: State; Zip Code <b>610 GRAND AV. ARLINGTON 76010</b>	7 Amount (\$) <b>505.44</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>T. SHIRTS</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5/11/07</b>  ... 834	Payee name <b>ALLEN &amp; Co.</b> ..... Payee address; City: State; Zip Code <b>3232 MCKINNEY AVE DALLAS, TX 75204</b>	Amount (\$) <b>2500.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>PRINTING, ENDORSE, CARDS</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/30/07</b>  ... 845	Payee name <b>ALLEN &amp; Co.</b> ..... Payee address; City: State; Zip Code	Amount (\$) <b>320.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>MAIL LIST</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>5/11/07</b>  ... 814, 41	Payee name  ..... Payee address; City: State; Zip Code	Amount (\$) <b>4925.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>PRINTING, GOTV CARD COURIER SERV.</b> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

PC 2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>2</b>
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/17/06</b>	5 Payee name <b>MURPHY-TURNER ASSOC.</b> 6 Payee address; City: State: Zip Code <b>816 CONGRESS AVE. AUSTIN, TX 78701</b>	7 Amount (\$) <b>1841.14</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>PHOTOS/PRINTING</b> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

<b>LOANS</b>		<b>SCHEDULE E</b>	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1	
2 FILER NAME FRANKLIN E. PATRICK		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$	
5 Date of loan 5/15/07	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GENE PATRICK	9 Loan Amount (\$) 10,000.00	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address;    City;    State;    Zip Code 2305 CASTLEROCK RD. ARLINGTON, 76006	10 Interest rate 0	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;    City;    State;    Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)	
Is lender a financial institution? Y      N	Lender address;    City;    State;    Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			